

Authorization for Release of Protected Health Information for Research Purposes

You have been asked to be part of a research study under the direction of Dinesh Mittal, MD and Rafael Torres, MD and their research team. The purpose of this research project is to study how we can use telemedicine to improve treatment for people with depression who live a long distance from a VA medical center. By telemedicine, we mean using a telephone, interactive video (a video camera connected to a TV) and computerized medical records to improve your access to quality care.

By signing this document, you will authorize the Veterans Healthcare Administration (VHA) to provide Dinesh Mittal, Rafael Torres, and his research team access to the following information about you:

1) the diagnoses your doctor recorded for you in the past and over the next 12 months, 2) the prescriptions your doctor wrote for you in the past and over the next 12 months, 3) the prescriptions you filled and refilled over the next 12 months, and 4) the type and cost of health services provided to you in the past and over the next 12 months.

If you do not sign this authorization, you will not be part of the study.

This authorization to use your information will expire at the end of the research study.

You can revoke this authorization at any time. To revoke your authorization, you can write to Dinesh Mittal or Rafael Torres, or you can ask a member of the research team to give you a form to revoke the authorization. If you revoke this authorization, you will not be able to continue to participate in the study. This will not affect your rights as a patient of VHA.

If you revoke this authorization, Dinesh Mittal, Rafael Torres, and his research team can continue to use information about you that has been collected. No information will be collected after you revoke the authorization.

The VHA complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its privacy regulations and all other applicable laws that protect your privacy. We will protect your information according to these laws. Despite this protection, there is a possibility that your information could be used or disclosed in a way that it will no longer be protected. Our Notice of Privacy Practices (a separate document) provides more information on how we protect your information. If you do not have a copy of the Notice, the research team will provide one to you.

I have read this authorization form and have been given the opportunity to ask questions. If I have questions later, I understand I can contact Dinesh Mittal or Rafael Torres. I will be given a signed copy of this authorization form for my records. I authorize the use of my identifiable information as described in this form.

Participant's Signature

G.V. (Sonny) Montgomery VAMC

Institutional Review Board

FULL BOARD APPROVAL

Date Approved: 2-5-04

Expiration Date: 2-5-05

IRB Initials: JGw